

LEESTMA HEALTHCARE

519 N. Halleck

DeMotte, IN 46310

Phone: 219-987-7750, Fax: 219-987-5750

PATIENT REGISTRATION

Date _____ Patient's Name _____ Home Phone _____

SS# _____ Birthdate _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Marital Status (check one) _____ Single _____ Married _____ Widowed _____ Divorced

_____ Male _____ Female

Please tell us how you heard of Leestma Healthcare _____

INSURANCE SUBSCRIBER INFORMATION

Name _____ Relationship to Patient _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

SS# _____ Birthdate _____ Occupation _____

Employer _____ Work Phone _____

INSURANCE INFORMATION

PRIMARY Insurance Name _____ Subscriber Name _____

ID# _____ Group # _____

SECONDARY Insurance Name _____ Subscriber Name _____

ID# _____ Group # _____

Please list someone, other than spouse; we can call in case of emergency:

Name _____ Relationship _____ Phone _____

**All services provided in the office are due and payable at the time of service.
Please give the receptionist your insurance card so that it may be copied and kept in your file.**